

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-020139**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**5458**

**FILED JUN 7 1962**

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **enroute to St. Louis**

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Ark.**

b. COUNTY

admission)

c. CITY  
OR  
TOWN

**Madison**

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **from Madison, Ark.**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

**Theophilous**

**(Theo)**

**(Backus)**

**Backus (Barkens)**

4. DATE  
OF  
DEATH

Month

Day

Year

**5**

**27**

**62**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**Col.**

## 7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

## 8. DATE OF BIRTH

**7-18-99**

## 9. AGE (last birthday)

**62**

## IF UNDER 1 YEAR

## IF UNDER 24 HR.

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Tailor**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Taylor**

## 11. BIRTHPLACE (City and state or country)

**Madison, Ark.**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**Charlie Backus**

## 13b. MOTHER'S MAIDEN NAME

## 14. NAME OF HUSBAND OR WIFE

**Gertrude Backus**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**NO**

## 17. INFORMANT

Address

**Gertrude Backus-1804 N. Sarah St.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Coronary infarction;**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

**Generalized Arterio Sclerosis**

#### DUE TO (c)

**4201**

## INTERVAL BETWEEN ONSET AND DEATH

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

to

and last saw him alive on

Death occurred at

**9:35 A**

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Nelson L. Taylor, Coroner**

## 22b. ADDRESS

**1300 Clark Ave.**

## 22c. DATE SIGNED

**5-31-62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**6-1-62**

## 23c. NAME OF CEMETERY OR CREMATORY

**Greenwood Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis,**

(State)

**Mo.**

## 24. FUNERAL DIRECTOR

ADDRESS

**A.L. Beal Und.Co.-4303 Delmar**

## 25. DATE RECD. BY LOCAL REG.

**MAY 31 1962**

## 26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

1

2 **80308**

3

4 **2**

5 **1**

6

7 **1**

8 **2**

9

10

11

12 **91-3**

13

**91**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Arthur L. Hilliard*

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.